

HENRICKS, SLAVIN & HOLMES LLP

840 APOLLO STREET, SUITE 200
EL SEGUNDO, CALIFORNIA 90245
(310) 563-1458
(310) 563-1460 (FAX)

FACSIMILE TRANSMITTAL SHEET

TO: Ms. Shirley Steele

FROM: Craig A. Slavin

COMPANY:
USPTO

DATE:
APRIL 18, 2005

FAX NUMBER: ~~9822~~
703 305-9522

TOTAL NO. OF PAGES INCLUDING COVER:
6

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:
10006468-3

RE:

YOUR REFERENCE NUMBER:
10/603,435

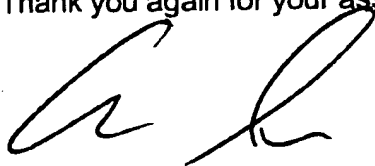
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Ms. Steele:

Thank you for your telephone call of today concerning the above-identified application. As I indicated during the call, we included two (2) Terminal Disclaimers with the amendment that was filed on March 21, 2005. Per your request, attached are copies of both of the Terminal Disclaimers as well as a copy of the date-stamped post-card receipt.

Thank you again for your assistance.



Craig Slavin
Reg. No. 35,362

Best Available Copy

PATENT

Applicant Johnson Docket # 10006468-3
 Title MULTIPLE ORIENTATION
 Ser./Pat. # 10/609,435 Filed/Issued 6/23/03 Comp. # 1

Please Acknowledge Receipt of:

<input type="checkbox"/> Application having _____ pp Specification and Claims _____, and _____ sheets of Drawings, FIG(S). <input type="checkbox"/> Declaration _____ pp <input type="checkbox"/> Exec <input type="checkbox"/> Unexec <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Request for Non-Publication <input type="checkbox"/> Check # _____ \$ _____ <input type="checkbox"/> Patent Assignment Cover Sheet <input type="checkbox"/> Assignment <input type="checkbox"/> Check # _____ \$ _____ <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 / SB08 & Ref (as req) <input type="checkbox"/> Certification <input type="checkbox"/> Check # _____ \$ _____ <input type="checkbox"/> Reply to Missing Parts Notice <input type="checkbox"/> Check # _____ \$ _____	<input type="checkbox"/> Preliminary Amendment <input checked="" type="checkbox"/> Reply to Office Action <input type="checkbox"/> Check # _____ <input type="checkbox"/> Request for Ext. of Time <input type="checkbox"/> Check # _____ \$ _____ <input type="checkbox"/> Reply to Final Rejection <input type="checkbox"/> Check # _____ <input type="checkbox"/> Drawings _____ sheets, FIG(S) <input type="checkbox"/> RCE <input type="checkbox"/> Check # _____ \$ _____ <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Check # _____ \$ _____ <input checked="" type="checkbox"/> Other <u>TWO TERMINAL DISCLAIMERS</u> <input type="checkbox"/> Maintenance Fee Transmittal Form <input type="checkbox"/> Check # _____ \$ _____ <input checked="" type="checkbox"/> Cert. of Mailing _____
---	--

Mailed 3/21/05 By CAS

